For Utility/Design CIP/PCT National Original/Substitute/ Suppl m ntal Declarations

Rule 53(b) (37 C.F.R. § 1.53(b), COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket No.: 98-25 C1

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NASAL MASK AND	SYSTEM USING S	AME	:					
the specification of whic	h (Check applicable Box(<u>es))</u> :						
is attache								
	on: May 25, 2001		as U.S. Appln. No.:					
was filed	as PCT International App	lication No. PCT/		on				
was amen	ded on:							
	<u> </u>	-,						
I hereby state that I have	reviewed and understand	the contents of the abo	ve identified specification, inclu-	ding the claims, as amended by any amer	dment referred to			
			be material to patentability as d					
•	•		•					
				r inventor's certificate listed below and ha				
below any foreign applic	ation for patent or invento	r's certificate filed by r	ne or my assignee disclosing the	subject matter claimed in this application	and having a filing			
			if no priority claimed, before the		0 0			
Prior Foreign Applicati	on(s)	Filed	Date First Laid Open	Dated Patented or	Priority Claimed			
Number(s)	Country	(MM/DD/YY)	or Published	Granted	Yes No			
		1						
		 						
		L			<u> </u>			
I hambu alaim the benefi	t under Title 25 United C	tates Code & 110(e) of	any United States provisional ap	onligation(s) listed below				
i nereby ciaini me benen	tunder title 55, Ollited S	tates Code, § 119(e) of	any Omited States provisional ap	opiicauon(s) listed below.				
Number(s)		Filing Date (MM/DD/YY)						
Number(s)		Fining Date (MINVD	D/11)					
		.i						
				plications listed below and PCT internation				
				disclosed and claimed in this application				
				material to patentability as defined in 37	C.F.R. § 1.56 which			
became available betwee	n the filing date of each s	ach prior application ar	nd the national or PCT internation	nal filing date of this application:				
Application Number		Filing Date (MM/DD/YY)		Status (patented, pending, abandoned)				
09/310,548		May 12, 1999		pending				
	•		•					
I hereby declare that all s	tatements made herein of	my own knowledge are	true and that all statements mad	te on information and belief are believed	to be true; and further			
that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
And I hereby appoint the	following attorney(s) and	or agents(s) to prosecu	ite this application and to transact	ct all business in the Patent and Tradema	k Office connected			
herewith: Michael W. I		8	,					
	imo, riegi i i oi oo (i i i							
Address all corresponder	ice to: Michael W. Haas	Intellectual Property Co	ounsel RESPIRONICS Inc. 150	01 Ardmore Boulevard, Pittsburgh, PA 1.	5221			
Address an corresponder	ice to. Michael W. Haas,	intencettal Froperty C	ounsel, NEST INOTHICS, INC., 150	or Admore Dodievad, I Misburgh, I A 1.	7221			
		· -						
(1) Inventor's Signature	1 1 0 0	. LA	į	Date: / 7/2/01				
	In S Bu	J 1/2/01						
Full Name	e: Shari S. Barnett		Citizenship: U.S.A.					
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		, 5						
	7	11/						
(2) Inventor's Signature:			ŀ	Date: 7-100/				
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Attorney Docket No.: <u>98-25 C1</u>
Title: <u>Nasal Mask and System Using Same</u>

DECLARATION AND POWER OF ATTORNEY

(Continued) ADDITIONAL INVENTORS

(3) Inventor's Signature:	Garc. E.L	2	Date: 7.	-10-01				
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		·						
(4) Inventor's Signature:	Jent K. Salv		Date: 7 -	12-01				
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(5) Inventor's Signature:			Date:					
Full Name:			Citizenship:					
Residence:	City:	State:		Country:				
Post Office Address:				***************************************				
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(6) Inventor's Signature:		***	Date:					
Full Name:			Citizenship:					
Residence:	City:	State:		Country:				
Post Office Address:	<u> </u>	·						
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(7) Inventor's Signature:			Date:					
Full Name:			Citizenship:					
Residence:	City:	State:		Country:				
Post Office Address:								
(8) Inventor's Signature:			Date:					
Full Name:			Citizenship:					
Residence:	City:	State:		Country:				
Post Office Address:		_						
(9) Inventor's Signature:			Date: -					
Full Name:			Citizenship:					
Residence:	City:	State:		Country:				
Post Office Address:								